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| <b>Case Number:</b>   | CM15-0120557 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 09/04/2012 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 06/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/22/2015 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 26 year old male, who sustained an industrial injury on 09/04/2012. The injured worker reported laceration of the left middle finger and neck, left shoulder and low back as a result of a PVC pipe being ripped out of his hand. On provider visit dated 06/09/2015 the injured worker has reported neck, left shoulder/arm and low back pain. On examination of the lumbar spine revealed tenderness over the paraspinals, facet joints at L4-L5 and L5-S1 and increased pain with flexion and on extension. The diagnoses have included low back pain, and sprain of lumbar region. Treatment to date has included laboratory studies, injections and medications. The provider requested unknown right L4-L5 and L5-S1 lumbar facet joint injections and left L4-L5 and L5-S1 medical branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Unknown right L4-L5 and L5-S1 lumbar facet joint injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Facet joint intra-articular injections (therapeutic blocks), Facet joint injections, multiple series.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections); Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic) (updated 07/03/14), Radio-Frequency Ablation.

**Decision rationale:** The requested Unknown right L4-L5 and L5-S1 lumbar facet joint injections are not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), (updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medical branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has neck, left shoulder/arm and low back pain. On examination of the lumbar spine revealed tenderness over the paraspinals, facet joints at L4-L5 and L5-S1 and increased pain with flexion and on extension. The treating physician has not documented sufficient criteria of relief from previous injections to warrant a neurotomy nor the medical necessity for another set of medial branch/facet blocks. The criteria noted above not having been met, Unknown right L4-L5 and L5-S1 lumbar facet joint injections is not medically necessary.

**Left L4-L5 and L5-S1 medial branch blocks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, and Facet joint intra-articular injections (therapeutic blocks), Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) - (updated 07/03/14), Radio-Frequency Ablation; Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

**Decision rationale:** The requested Left L4-L5 and L5-S1 medial branch blocks are not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of

conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." Official Disability Guidelines, Low Back & Lumbar & Thoracic (Acute & Chronic), (updated 07/03/14), Radio-Frequency Ablation, recommend facet neurotomies if successful diagnostic medial branch blocks (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive); No more than 2 joint levels may be blocked at any one time. Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. The injured worker has neck, left shoulder/arm and low back pain. On examination of the lumbar spine revealed tenderness over the paraspinals, facet joints at L4-L5 and L5-S1 and increased pain with flexion and on extension. The treating physician has not documented sufficient criteria of relief from previous injections to warrant a neurotomy nor the medical necessity for another set of medial branch/facet blocks. The criteria noted above not having been met, Left L4-L5 and L5-S1 medial branch blocks are not medically necessary.